

**LICENSE REINSTATEMENT APPLICATION**  
**KENTUCKY STATE BOARD OF ACCOUNTANCY**  
332 W. Broadway, Suite 310  
Louisville, KY 40202  
(502) 595-3037  
<http://cpa.ky.gov>

NAME	LICENSE NO.																
SS#	DATE OF BIRTH (MMDDYYYY)																
PERMANENT ADDRESS: This is the address to which your mail will be sent, it will be the only address on file with the Board and will be used for all correspondence.																	
MAILING ADDRESS:																	
DAYTIME PHONE NUMBER																	
EMAIL ADDRESS																	
<b>FULL-TIME EMPLOYMENT</b>	<b>PART-TIME EMPLOYMENT</b>																
<div>EMPLOYER ADDRESS</div> <div>EMPLOYMENT TYPE: <i>(Check One)</i><table style="width: 100%;"><tr><td style="width: 50%;">Public Accounting</td><td style="width: 50%;">Industry</td></tr><tr><td>Education</td><td>Government</td></tr></table>If employed in public accounting, indicate capacity:<table style="width: 100%;"><tr><td style="width: 50%;">Partner</td><td style="width: 50%;">Shareholder</td></tr><tr><td>Sole Proprietor</td><td>Employee</td></tr></table></div>	Public Accounting	Industry	Education	Government	Partner	Shareholder	Sole Proprietor	Employee	<div>EMPLOYER ADDRESS</div> <div>EMPLOYMENT TYPE: <i>(Check One)</i><table style="width: 100%;"><tr><td style="width: 50%;">Public Accounting</td><td style="width: 50%;">Industry</td></tr><tr><td>Education</td><td>Government</td></tr></table>If employed in public accounting, indicate capacity:<table style="width: 100%;"><tr><td style="width: 50%;">Partner</td><td style="width: 50%;">Shareholder</td></tr><tr><td>Sole Proprietor</td><td>Employee</td></tr></table></div>	Public Accounting	Industry	Education	Government	Partner	Shareholder	Sole Proprietor	Employee
Public Accounting	Industry																
Education	Government																
Partner	Shareholder																
Sole Proprietor	Employee																
Public Accounting	Industry																
Education	Government																
Partner	Shareholder																
Sole Proprietor	Employee																
<p><b>Sole Proprietor Registration:</b> If you are practicing public accounting either full-time or part-time in Kentucky as a sole proprietor (but <u>not</u> a PSC), you must register by completing the following information:</p> <p>I, _____, CPA, am engaged in the practice of public accounting. My public accounting firm address is as follows and attached is a list of CPA associates employed by me.</p> <table style="width: 100%;"><tr><td style="width: 30%;">PO Box</td><td style="width: 40%;">Street Address (Required)</td><td style="width: 30%;"></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td></tr><tr><td colspan="3">Telephone Number</td></tr></table>		PO Box	Street Address (Required)		City	State	Zip Code	Telephone Number									
PO Box	Street Address (Required)																
City	State	Zip Code															
Telephone Number																	

ATTACHED IS A CHECK FOR \$200 MADE PAYABLE TO THE KENTUCKY STATE BOARD OF ACCOUNTANCY. I certify that this information and the CPE on the back of this form is true and correct.

Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_

(Over)

## OUTLINE OF CPE COURSE DOCUMENTS

To expedite processing of your request, complete this form. Please print. Attach course completion documents. Write the letter in the upper right-hand corner of the completion document that corresponds with this list.

	COURSE NAME	COURSE PROVIDER	DATE COMPLETED	CPE HOURS	A/A * √ If Yes
--	-------------	-----------------	----------------	-----------	-------------------

A

B

C

D

E

F

G

H

I

J

K

L

M

N

\* A/A = Accounting or Auditing course (Tax is not considered Accounting or Auditing)

TOTAL

Are you actively licensed in another state? If yes, provide the following information: STATE

LICENSE NO.